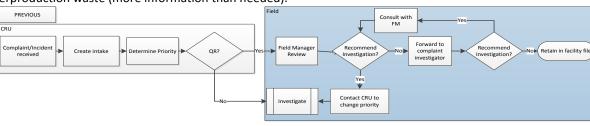
A3 Problem Solving

Affirm Adult Family Homes, Assisted Living Facilities and Nursing Homes are Providing Quality and Safe Care (Was Goal 2.1 which is now 3.2)

Bill Moss - March 2014
Assistant Secretary, ALTSA

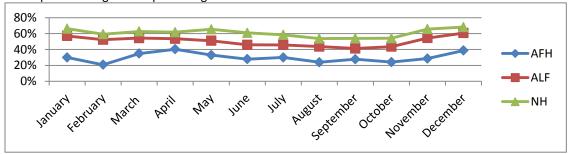
Clarify the Problem

- Intakes are prioritized by the Complaint Resolution Unit (CRU) based on a variety of criteria. Those that do not require on-site investigation are screened out and designated as a 'Quality Review' (QR) priority.
- Prior to the FamLink rollout, the field used a variety of practices for reviewing QR intakes but one thing was consistent: all Field Managers (FMs) at least made an effort to review QRs associated with their region and use the information to enhance investigations and licensing visits. The QR review process varied by district.
- When FamLink went live, Field Managers piloting the new system began to receive QRs for facilities in all regions, which resulted in overproduction waste (more information than needed).

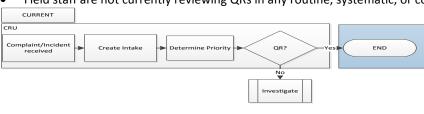


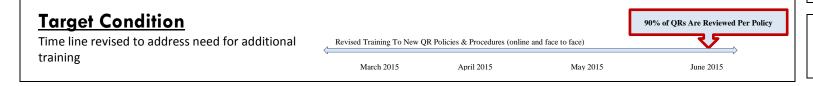
Breakdown the Problem

• CRU generated 24,294 intakes in 2013 for Nursing Homes (NH), Assisted Living Facilities (ALF), and Adult Family Homes (AFH). QRs represent a significant percentage of those intakes:



Field staff are not currently reviewing QRs in any routine, systematic, or consistent process.





Identify Root Cause Information Access is Challenging Expectations are Unclear to Staff Field does not receive notification when QRs are generated related to facilities in their regions/programs QRs have not been a priority for the field and are not seen as valuable on an individual basis, thus are not reviewed Expectation was that automated emails would address this, but they do not HQ hasn't communicated the purpose and aggregate value of QRs to the field along with clear expectations around QRs Data Systems require multi-step process to get the information There are no individual performance expec HQ hasn't sent out QR information in a format that the field needs for staff conducting ORs ORs have not been routinely used as a way to assess safety and quality of No policy is in place clarifying what, care in facilities under No formal training plan/process in place to address changes ALTSA's Oversight No request made to training unit when the process changed No one has been assigned to create a tool Training unit not aware of need to train staff on QRs No QR Management Policies, Procedures, or Tools are in Place Staff Education Regarding QRs is Inconsistent

dentify Countermeasures									
Root Cause	Proposed Countermeasure	Feasibility	Cost	Risk	Impact				
Unclear Expectations	Ensure performance standards are established and incorporated into relevant job expectations including 5-day review by Field Managers and quarterly review by Field Service Administrators	Moderate	Neutral	Low	High				
Information Access	Edit and generate queries in a format that meets the field's needs	Difficult	Unknown	Low	High				
QR Management	Develop and implement policies, procedures, and tools for QR process	Moderate	Neutral	Low	High				
Staff Education	Develop and implement training plan for QR process	Moderate	Unknown	Low	High				

Action Plan

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ID#	Problem to be solved	Action Item	Lead	Due	Status
1	QR Management	Define QR and create related review criteria	Robin/Elena	Mar 28	Done
2	Information Access	Submit work request to modify data system to include classification options for QR	Ky Decker	Mar 12	Done
3	QR Management	Develop outline for QR Management policies/procedures	Doug Mora	Apr 12	Done
4	QR Management	Create QR Policy and Procedures	QA Unit	Apr-May	Done
5	Staff Education	Create training materials	QA Unit	May-Jun	Done
6	Staff Education	Train staff to new policies and procedures	QA/Training	Jul-Aug	Done
7	Unclear Expectations	Add performance standards to relevant job expectations	QA Unit	Aug-Sept	Done

Evaluate Results Standardize then Repeat

May 2015 Update: All of the implementation steps above have been completed. An audit of the new process conducted Q1 showed need for additional training, which is being provided both on-line and in person. A second audit will be conducted June, 2015. It is anticipated that we will meet the target of 90% completion rate at that time. New QA unit is lead for this work moving forward.